PTO/SB/21 (09-04)

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0 0			Application Number	09/190				
ANSMITTAL		Filing Date	Novem	ember 12, 1998				
阳 1° 多 FO	RM		First Named Inventor		J.N. CC		ER	
augh.			Art Unit	1639				
TRADELINE	andones ofter initial	filina)	Examiner Name	CELSA	A, Benne	ett M.		
(to be used for all correspondence after initial filing)		Attorney Docket Number	_	ARC 2589 USCIP1				
Total Number of Pages in	This Submission	15		ARC 2	369 030	J11 1		
		ENC	LOSURES (Check	all that apply	1)			
Extension of Time Express Abandonr Information Disclost Certified Copy of F Document(s) Reply to Missing P Incomplete Application Reply to M	leclaration(s) Request ment Request sure Statement Priority	Remar Enclose 1. Retur 2. Trans 3. Fee 1		2 Address CD 1 pg.); plicate);		Appea of App Appea (Appea Propri Status Other below)	Allowance Communication to TC Il Communication to Board leals and Interferences Il Communication to TC Il Notice, Brief, Reply Brief) letary Information Letter Enclosure(s) (please Identify letary Postcard RECEIVED FEB 1 4 2005 OFFICE OF PETITIONS	
5. Response to Office Action (9 pp.). SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name			A ALLOAN, ALL	OINIEI, C	AUL			
	Corporation							
Signature	Minn	Y				-		
Printed name Philip		1/1						
Date				Reg. No.	27.065			
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							ited States Postal Service with Alexandria, VA 22313-1450 on	
Signature	Sign	M	0 0					
Typed or printed name	Lisa McDill				[1	Date	02/07/2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

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Under the Part (work Reduction ACS) 1995, no nersons are required to re	espond to a collection of into	rmation linless it displays a valid OMF	d control number	
Fees pursuant to the PART Ed Appropriations Act, 2005 (H.R. 4818).		1		
Fees pursuant to the Appropriations Act, 2005 (H.R. 4818).	Application Number	09/190,887	P.E	h
FEE TRANSMITTAL	Filing Date	November 12, 1998		CEIVE
For FY 2005	First Named Inventor	Michel J.N. CORMIER	FEB 1	4 2005
Applicant drive and lastity status. Sec 27 CER 4 27	Examiner Name	CELSA, Bennett M.		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1639	OFFICE O	PETITIO
TOTAL AMOUNT OF PAYMENT (\$) 1,600.00	Attorney Docket No.	ARC 2589 USCIP1		
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order Nor	ne Other (please in	dentify):		
X Deposit Account Deposit Account Number: 10-0750	Deposit Account N	Name: Johnson & John	nson	
For the above-identified deposit account, the Director is he	reby authorized to: (chec	k all that apply)		
X Charge fee(s) indicated below	Charge fee(s	s) indicated below, except for the	e filing fee	

Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION**

1. BASIC FILING, SEARCH, AND EXAMINATION F
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under 37 CFR 1.16 and 1.17

Charge any additional fee(s) or underpayments of fee(s)

			FEES SEARCH F Small Entity Small			TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u> -	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES **Small Entity** Fee (\$) **Fee Description** Fee (\$)

50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims

Total Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) 100 00 Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) x 250.00 - 100 = 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

Other: Petition to Revive under 37 CFR 1.137(b) 1,500.00

SUBMITTED BY	A				
Signature	Mepelos	Registration No. (Attorney/Agent)	37,265	Telephone	650-564-7054
Name (Print/Type)	Philip S. Yip	•		Date Fe	ebruary 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.